## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10749392

| (Column 1) (Column 2)                                                                |                                                |                                          |                                       |                             |            |                  |        | SMALL ENTITY TYPE  |                        |         | OR SMALL ENTITY    |                        |  |
|--------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------|---------------------------------------|-----------------------------|------------|------------------|--------|--------------------|------------------------|---------|--------------------|------------------------|--|
| TOTAL CLAIMS                                                                         |                                                |                                          | 21                                    |                             | 100        | ·                | ]      | RATE               | FEE                    | 7       | RATE               | FEE                    |  |
| FOR                                                                                  |                                                |                                          | NUMBER FILED                          |                             | NUMB       | ER EXTRA         |        | BASIC FEE          | <del> </del>           | OR      | BASIC FEE          | <del></del>            |  |
| TOTAL CHARGEABLE CLAIMS                                                              |                                                |                                          | 0 :                                   |                             | * 1        |                  |        | VCO                | ļ ———                  | 1       | V\$10              | 18                     |  |
| INDEPENDENT CLAIMS                                                                   |                                                |                                          | 2 . *                                 |                             |            |                  |        | X\$ 9=             |                        | OR      | X\$18=             | 8.6                    |  |
| _                                                                                    |                                                |                                          | , , ,                                 |                             |            |                  |        | X43=               |                        | OR      | X86=               | 0.6                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                     |                                                |                                          |                                       |                             |            |                  |        | +145=              |                        | OR      | +290=              |                        |  |
| * If the difference in column 1 is less than zero, enter "(                          |                                                |                                          |                                       |                             |            | olumn 2          |        | TOTAL              |                        | OR      | TOTAL              | 874                    |  |
| CLAIMS AS AMENDED - PART II                                                          |                                                |                                          |                                       |                             |            |                  |        | OTHER THAN         |                        |         |                    |                        |  |
| _                                                                                    |                                                | (Column 1)                               |                                       | (Column 2                   |            | (Column 3)       | 1 r    | SMALL              |                        | OR      | SMALL              |                        |  |
| AMENDMENT A                                                                          |                                                | REMAINING<br>AFTER<br>AMENDMENT          |                                       | NUMBE<br>PREVIOL<br>PAID FO | ER<br>JSLY | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| NDM                                                                                  | Total                                          | *                                        | Minus                                 | **                          |            | = .              |        | X\$ 9=             |                        | OR      | X\$18=             |                        |  |
| AME                                                                                  | Independent                                    | *                                        | Minus                                 | ***                         |            | =                |        | X43=               |                        | OŘ      | X86=               |                        |  |
|                                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                          |                                       |                             |            |                  |        | +145=              |                        | OR      | +290=              |                        |  |
| TOTAL OR TO                                                                          |                                                |                                          |                                       |                             |            |                  |        |                    |                        | TOTAL   |                    |                        |  |
|                                                                                      |                                                |                                          | ADDIT. FEEOH ADDIT. FEE               |                             |            |                  |        |                    |                        |         |                    |                        |  |
| AMENDMENT B                                                                          |                                                | (Column 1)<br>CLAIMS                     |                                       | (Columi<br>HIGHE            | ST         | (Column 3)       | ] г    |                    | ADDI-                  |         |                    | ADDI-                  |  |
|                                                                                      |                                                | REMAINING<br>AFTER<br>AMENDMENT          |                                       | PREVIOL<br>PAID FO          | JSLY       | PRESENT<br>EXTRA |        | RATE               | TIONAL<br>FEE          |         | RATE               | TIONAL<br>FEE          |  |
|                                                                                      | Total                                          | *                                        | Minus                                 | **                          |            |                  |        | X\$ 9=             | •                      | OR      | X\$18=             | •                      |  |
| ME                                                                                   | Independent                                    | *                                        | Minus                                 | ***                         |            | = .              |        | X43=               |                        | OR      | X86=               |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |                                                |                                          |                                       |                             |            |                  |        | . 1.45             |                        |         | +290=              |                        |  |
|                                                                                      |                                                |                                          |                                       |                             |            |                  | L      | +145=<br>TOTAL     |                        | OR      |                    |                        |  |
|                                                                                      | •                                              |                                          |                                       | A                           | DDIT. FEE  |                  | OR ,   | ADDIT, FEE         |                        |         |                    |                        |  |
|                                                                                      |                                                | (Column 1) CLAIMS                        | · · · · · · · · · · · · · · · · · · · | (Column                     |            | (Column 3)       |        |                    |                        |         |                    |                        |  |
| AMENDMENT C                                                                          |                                                | REMAINING<br>AFTER<br>AMENDMENT          | ·                                     | NUMBE<br>PREVIOU<br>PAID FO | R          | PRESENT<br>EXTRA | •      | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                      | Total                                          | *                                        | Minus                                 | **                          |            | = .              |        | X\$ 9=             | ,                      | OR      | X\$18=             |                        |  |
|                                                                                      | Independent                                    | *                                        | Minus                                 | ***                         |            | =                | ╽┟     | X43=               | •                      | OR      | X86=               |                        |  |
|                                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                          |                                       |                             |            |                  |        |                    |                        |         |                    |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3 |                                                |                                          |                                       |                             |            |                  |        |                    |                        | OR      | +290=              |                        |  |
| **                                                                                   | f the "Highest Nur                             | mber Previously Pa<br>mber Pr viously Pa | id For IN THIS                        | SPACE is lo                 | ess than   | 20, enter "20."  | A      | TOTAL<br>DDIT. FEE |                        | OR ,    | TOTAL<br>DDIT. FEE |                        |  |
|                                                                                      |                                                | ber Previously Paid                      |                                       |                             |            |                  | r four | nd in the app      | ropriate box           | in colu | ımn 1.             |                        |  |